

Substance Misuse Joint Commissioning Group

SUMMARY

- 1.1 The Substance Misuse Joint Commissioning Group (JCG) is a partnership group (including membership from Public Health and Neighbourhoods and Partnership, Derby City Council; Derbyshire Constabulary; Public Health England) overseeing the commissioning and delivery of drug and alcohol services within the city.
- 1.2 The JCG is a sub-group of the Health and Wellbeing Board. This report updates the Board on the recent meeting of the JCG.
- 1.3 The current adult drug treatment contracts are due to end in March 2015 creating an opportunity to design a new integrated drug and alcohol treatment system with integrated treatment delivery maintaining a focus on recovery but also incorporating lifestyle behaviour change. The model is aimed at achieving both effectiveness and efficiency. Procurement of this model is underway and is currently out to tender with the aim of the new model being in place from April 1st 2015.
- 1.4 In line with legislative requirements, and to increase financial and operational efficiencies, the Supervised Consumption and Needle Exchange service (previously contracted as a NHS Locally Enhanced Service) was re-procured with the new provision in place from April 2014. A pharmacy information and payment processing portal (PharmOutcomes) was also secured at this time in partnership with the Local Pharmaceutical Committee and provides essential data for the statutory Pharmaceutical Needs Assessment and also allows robust financial and service quality monitoring.
- 1.5 Performance update as at the end of Quarter 1:
 - Successful completions from treatment for opiate clients remains in the top quartile range for comparator Local Authorities. Representations to treatment have improved from the baseline across all substance domains. Abstinent and improvement rates for opiate, crack and cocaine use are above or within expected range for our client group at 6 month review. 27% of clients exiting opiate treatment have worked for 10 days or more in the last 28 days compared to the national figure of 21.9%.
 - There has been a 2.3% drop in numbers in drug treatment; successful exits from treatment remain static at 37.8 %; and alcohol waiting times are above the national average with 9.8% waiting more than three weeks for their first intervention. Action plans are in place to impact on these performance

exceptions.

RECOMMENDATION

- 2.1 To receive and note this report for information.

REASONS FOR RECOMMENDATION

- 3.1 To support the Board in maintaining an overview of the activity of its sub-group.

SUPPORTING INFORMATION

- 4.1 The requirement to provide adult drug and alcohol treatment services is a statutory responsibility un-repealed within the Crime and Disorder Reduction Act 1998.
- 4.2 Individuals requiring support from substance misuse services represent some of the most deprived groups in the city. Treatment services not only contribute to the health and wellbeing of deprived groups but also to reduced offending (estimates of 22,000 crimes per year avoided in Derby) and to greater community cohesion, supporting elements of the Derby Plan.
- 4.3 In response to contractual obligations and to improve effectiveness and efficiencies in delivery, it was agreed to commission an integrated Drug and Alcohol treatment system to start delivery in April 2015.
- 4.4 Public consultation, stakeholder engagement (incumbent providers and providers of primary care interventions), consultation with representative professional bodies and market facilitation has taken place. The results of these various consultations – and recognition of the social value act components – has been analysed and the findings used to support the design of the integrated model.
- 4.5 Primary care provision outside of the general contract was previously managed through the former NHS Locally Enhanced Services arrangements. This included pharmacy-delivered Supervised Consumption and Needle Exchange.
- 4.6 Performance update as at the end of Quarter 1:
- Successful completions from treatment for opiate clients remain in the top quartile range for comparator Local Authorities at 10.3%. The range is 9.46% to 13.55%.
 - Representations to treatment, although are lower than the top quartile range, have improved from the baseline across all substance domains (opiate, non-opiate, alcohol, alcohol and non-opiate).
 - Abstinent and improvement rates for opiate, crack and cocaine use are above

or within expected range for our client group at 6 month review.

- 27% of clients exiting opiate treatment have worked for 10 days or more in the last 28 days compared to the national figure of 21.9%
- Numbers in drug treatment have fallen in Q1 by 2.3% this is greater than the national average of 0.2% but an increase on Q4 2013-14 which saw a reduction of 4.7%. It is however estimated that the proportion of opiate and crack users in treatment in Derby is 53.5% compared to a national average of 53.8%.
- Of the opiate treatment population, 40.2% of clients are in treatment for less than two years and 32.9% of clients are in treatment for six years or more. This compares to a national average of 39.4% and 29.7% respectively.
- Alcohol waiting times remain above the national average with 9.8% (13/132) waiting more than three weeks for their first intervention.
- Compared to the 2013-14 baseline successful completions remain fairly static for opiate, non-opiate and alcohol & non-opiate clients. Successful completions for alcohol-only clients fell in Q1 to 37.8% from a baseline of 39% but remain similar to the national average.
- Early, unplanned exits from treatment (before 12 weeks of treatment start) is greater in Derby across all substance domains compared to the national average.

Action plans are in place to impact on these performance exceptions.

OTHER OPTIONS CONSIDERED

- 5.1 The continuation of services within existing provision and contractual arrangements was considered but was untenable due to efficiency and procurement requirements.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer	
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Service Director(s) Other(s)	Derek Ward, Director of Public Health
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For more information contact: Background papers: List of appendices:	Richard Martin, Assistant Director of Public Health. 01332 643080, Richard.Martin@derby.gov.uk None Appendix 1 – Implications
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IMPLICATIONS

This report is provided for information and update only.

Financial and Value for Money

- 1.1 The new service models have been developed to deliver the most effective service delivery for the best value for money.

Legal

- 2.1 The contracts referred to within this paper will be let by Derby City Council using the new Public Health contracting framework. Provision of alcohol related harm strategic activity is a statutory requirement under the Crime and Disorder Act 1998 (and 2012 amendment)

Personnel

- 3.1 There may be a transfer of staff from existing suppliers of alcohol treatment to new suppliers of such services following the retendering exercise. We will work with existing suppliers to facilitate the provision of relevant employee liability information to interested bidders.

IT

- 4.1 No IT implications.

Equalities Impact

- 5.1 An equalities impact risk assessment is in place for the current treatment system and will be refreshed as part of strategic planning, public consultation and the commissioning process

Health and Safety

- 6.1 None.

Environmental Sustainability

- 7.1 None.

Property and Asset Management

8.1 No liabilities exist for Derby City Council with respect to property or assets.

Risk Management

9.1 There are no specific risks associated with this report.

Corporate objectives and priorities for change

10.1 The priorities and key workstreams of the JCG and associated service provision supports delivery of a range of corporate objectives, particularly in relation to health and wellbeing.